

REQUEST FOR EXCEPTION TO POLICY

Client:

Counselor:

Date:

A. According to Case Services Manual Guidance: *(Check as appropriate)*

<input type="checkbox"/>	A-8, E. Economic Need	<input type="checkbox"/>	H-1 ó H-2 Rehabilitation Technology
<input type="checkbox"/>	A-9 Comparable Services and Benefits	<input type="checkbox"/>	J-1 ó J-2 Placement
<input type="checkbox"/>	E-6 ó E-13 Financial Assistance for Post Secondary Training	<input type="checkbox"/>	E-8, 8.; E-8, 5. Occupational Licenses, Tools, Equipment, etc.
<input type="checkbox"/>	D-1 ó D-2 Physical & Mental Restoration Services	<input type="checkbox"/>	K-3 Other Goods and Services (i.e. Reader)
<input type="checkbox"/>	E-1 ó E-13 Training Services	<input type="checkbox"/>	E-2 Supported Employment
<input type="checkbox"/>	F-1 Maintenance	<input type="checkbox"/>	D-3 Personal Assistance Services
<input type="checkbox"/>	G-1 Client Transportation	<input type="checkbox"/>	H-1, A.; H-2, 6. Home Modification
<input type="checkbox"/>	K-1 Services to Family Members	<input type="checkbox"/>	I-1 DVRS Business Initiatives
<input type="checkbox"/>	K-2 Interpreter and Note taker Services	<input type="checkbox"/>	D-2, C.1. Physical Restoration
<input type="checkbox"/>		<input type="checkbox"/>	Other:

Describe what aspect of policy for which an exception is being requested:

Check issues in conflict with policy identified above:

<input type="checkbox"/>	Disability related	<input type="checkbox"/>	Exhaustion of all resources available
<input type="checkbox"/>	Family issue	<input type="checkbox"/>	Financial issue Monthly income
<input type="checkbox"/>	Academic progress	<input type="checkbox"/>	Emergency need
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

Explain how the issue(s) impact the client's ability to progress in his/her rehabilitation plan and explain adverse consequences without an exception: First Step plan was assessed and developed under the prior protocol for expectation of outcomes and success.

B. How does this exception request fit into the original and ongoing financial planning? (financial planning at the development/revision of the IPE) NA

C. Describe attempts to minimize or address the issue(s):

Approved: _____ Not Approved: _____

Supervisor Signature

Date

If not approved, provide the rationale below:

Other comments: